

**ADDITION TO HHSA TECHNICAL RESOURCE LIBRARY
FOR RFP 4727
11/18/10**

**Special Help for At Risk Individuals
(SHARI)**

The Special Help for At Risk Individuals (SHARI) pilot program began on February 4, 2004. The goal of the program is to provide continuity of care for identified clients. To achieve that goal, the EPU will be the first point of contact if in-patient psychiatric services are needed. The EPU will provide an initial assessment, notify the case manager, and determine the appropriate level of treatment. The EPU will determine if the client needs less than 23 hours of treatment, or a crisis house, or in-patient hospitalization. If less than 23 hours of treatment is appropriate, the EPU will provide that treatment. If a START facility is appropriate, the case manager or EPU will arrange a START facility admit. If in-patient care is appropriate, the EPU will arrange transfer to a hospital and at that point UBH will be asked for an authorization.

To be eligible for SHARI each of the identified clients already has an intensive case manager. Clients who participate in SHARI have been briefed and have agreed to be part of the pilot program. The program is being explained to clients and family members by case managers.

In addition, each SHARI client has been assigned a START facility so that same START facility will be used consistently if this level of care is appropriate, and each client has been assigned a hospital with an attending doctor so that continuity of care is maintained. Each SHARI client has an individualized care plan and the staff at EPU, the attending MD, and the case manager will have access to the care plans.

Please note that: In-patient hospitalization for any of these clients will not be authorized unless the client has been seen by EPU and EPU has determined that the hospitalization is clinically appropriate.

Lists of SHARI clients will be distributed to EPU, UBH, FFS hospitals, and case management.

If the client has not been seen by EPU, UBH is not able to provide authorization because this client has a care plan to insure continuity of care and the client must be seen by EPU. The hospital can call EPU and tell them that they have a SHARI client and ask EPU to move the client to the top of the list. If the hospital has any questions or problems, the hospital can contact the case manager. If the client has been seen by EPU, and EPU has approved

the admission, get the name of the EPU doctor that evaluated the client and proceed with the admit.

Other questions/answers:

What if EPU determines a client is appropriate for a START facility and there are no START beds available?

EPU or the case manager will contact the START facility assigned to the client and the START facility will make a bed available. Community Research Foundation has been a part of the planning of this program. Each client has an assigned START facility and a contact staff person. If necessary, the START facility will move another client so that the SHARI client has a bed at the assigned crisis house. The reason for this is to maintain continuity of care. (UBH will probably not be involved in this process. The only time UBH might be involved is if one of the Diversion/Step Down beds needs to be used to accommodate the SHARI client.)

The client must be assessed by EPU PRIOR to being admitted to a START facility (or hospital). The hospital should contact EPU to arrange to transfer the client to EPU. UBH cannot provide a referral to a START bed for these clients.

Yes. The attending doctors are in favor of the treatment plans and the hospitals have been informed. Patient Advocacy and CHEA have also been informed. The County Board of Supervisors and the Mental Health Board have approved this program. The Conservator's Office and Case Management were part of the planning team.